



College of Homeopaths of Ontario
 163 Queen Street East, 2nd Floor, Toronto, Ontario, M5A 1S1
 TEL 416-862-4780 OR 1-844-862-4780
 www.collegeofhomeopaths.on.ca

Form I

Office Use Only					
Date Received:					
Staff Reviewer:					
Outcome:					
File Number:					

Substantially Equivalent Pre-Assessment Form to Determine Eligibility to Register With the College of Homeopaths of Ontario (CHO)

Prior to completing this form, please read the *Substantially Equivalent Competence Assessment (SECA) Candidate Handbook* for detailed instructions. This form is a legal document. Please print clearly.

SECTION 1: PERSONAL INFORMATION									
A. Current Legal Name									
Legal First Name			Legal Middle Name(s)				Legal Last Name		
Yes	No	Have you been known by any other name(s)?							
		<i>(If you answer "yes," complete the section regarding your previous name(s) below. If you answer "no," then proceed to question 1.c)</i>							
B. Previous Legal Name(s)									
Previous First Name			Previous Middle Name(s)				Previous Last Name		
Start Date:	Year	Month	Day	End Date:	Year	Month	Day		
Previous First Name			Previous Middle Name(s)				Previous Last Name		
Start Date:	Year	Month	Day	End Date:	Year	Month	Day		
Previous First Name			Previous Middle Name(s)				Previous Last Name		
Start Date:	Year	Month	Day	End Date:	Year	Month	Day		

SECTION 2: CONTACT INFORMATION									
Street Number and Name <i>(Required)</i>						Unit / Suite Number			
City <i>(Required)</i>		Province <i>(Required)</i>		Country <i>(Required)</i>		Postal Code <i>(Required)</i>			
Telephone <i>(Required)</i>		Fax		Email <i>(Required)</i>					



SECTION 3.A: EDUCATION RELATED TO HOMEOPATHY

Yes	No	I hold a homeopathic certification issued by a professional homeopathic organization or association.
<input type="checkbox"/>	<input type="checkbox"/>	
Certification held with:		
Yes	No	I have successfully completed formal education in the practice of homeopathy. <i>(If you answer "yes," complete the entire section below. If you answer "no," then proceed to Section 3.D)</i>
<input type="checkbox"/>	<input type="checkbox"/>	

Highest level of education related to homeopathy completed <i>(Check one):</i>	<input type="checkbox"/>	Diploma	<input type="checkbox"/>	Master	<input type="checkbox"/>	Professional Doctorate
	<input type="checkbox"/>	Baccalaureate	<input type="checkbox"/>	Doctorate	<input type="checkbox"/>	Other
Type of institution where you received this education <i>(Check one):</i>	<input type="checkbox"/>	Canadian Career College	<input type="checkbox"/>	Outside Canada	<input type="checkbox"/>	Canadian College/University

PROGRAM 1 Educational Institution Name:											
Degree / Diploma Name						Educational Institution Address					
Start Date	Year	Month	Day	Graduation Date	Year	Month	Day	Language of Instruction	English	French	Other (specify)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROGRAM 2 <i>(if applicable)</i> Educational Institution Name:											
Educational Institution Address						Degree / Diploma Name					
Start Date	Year	Month	Day	Graduation Date	Year	Month	Day	Language of Instruction	English	French	Other (specify)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROGRAM 3 <i>(if applicable)</i> Educational Institution Name:											
Educational Institution Address						Degree / Diploma Name					
Start Date	Year	Month	Day	Graduation Date	Year	Month	Day	Language of Instruction	English	French	Other (specify)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3.B: CLINICAL HOMEOPATHY EXPERIENCE

I successfully completed my clinical experience program on this date:	Year	Month	Day
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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SECTION 3.C: HOMEOPATHY EXPERIENCE SUPPORTING DOCUMENTATION

- I have submitted **Form B** directly to each Educational Institution related to homeopathy that I attended. I understand that my submission can not be reviewed until the College has received **Form B** and **official transcripts**. ***I understand that further documentation may be required.***
- I have requested all supporting documents from each Educational Institution related to homeopathy that I attended. Including detailed course descriptions, program syllabus, training hour logs, related to the time which I was a student.
- I have completed and attached the Entry-to-Practice Education and Training Requirements Questionnaire, along with any supporting documentation including detailed course descriptions, program syllabus, training hour logs, etc. ***I understand that further documentation may be required.***
- As I did not take formal academic training in homeopathy, I have submitted all relevant materials to support my knowledge, skill and judgment. ***I understand that further documentation may be required or that I may undergo an interview with a CHO Registration Supervisor to establish eligibility.***

SECTION 3.D: EDUCATION UNRELATED TO HOMEOPATHY

Yes	No	I have successfully completed formal education in a field of study <u>unrelated</u> to homeopathy. (If you answer "yes," complete the entire section below. If you answer "no," then proceed to Section 4.)

Highest level of education unrelated to homeopathy completed (Check one):	<input type="checkbox"/>	Diploma	<input type="checkbox"/>	Master	<input type="checkbox"/>	Professional Doctorate
	<input type="checkbox"/>	Baccalaureate	<input type="checkbox"/>	Doctorate	<input type="checkbox"/>	Other

Type of institution where you received this education (Check one):	<input type="checkbox"/>	Canadian Career College	<input type="checkbox"/>	Outside Canada	<input type="checkbox"/>	Canadian College/University
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Field of study for highest level of education completed that was unrelated to homeopathy (Check one):					
<input type="checkbox"/>	Biological and Biomedical Sciences	<input type="checkbox"/>	Health Administration/Management	<input type="checkbox"/>	Physical Sciences
<input type="checkbox"/>	Business, Management, Marketing and Related	<input type="checkbox"/>	Health Professions/Related Clinical Science	<input type="checkbox"/>	Psychology
<input type="checkbox"/>	Education	<input type="checkbox"/>	Kinesiology and Exercise Science	<input type="checkbox"/>	Public Administration
<input type="checkbox"/>	Engineering	<input type="checkbox"/>	Law	<input type="checkbox"/>	Public Health
<input type="checkbox"/>	Gerontology	<input type="checkbox"/>	Mathematics, Computer Sciences	<input type="checkbox"/>	Social Sciences, Arts and Humanities
<input type="checkbox"/>	General Rehabilitation Science	<input type="checkbox"/>	Medical Laboratory Science	<input type="checkbox"/>	Other

Country of Institution:		Province/State (if Canada or USA):		Year of Graduation:	
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Name of Educational Institution: _____

SECTION 4: CURRENCY OF PRACTICE HOURS

- | | |
|--------------------------|---|
| Check one | Demonstration of Currency |
| <input type="checkbox"/> | It has been <u>more than</u> 12 months since I completed my homeopathy education and/or clinical experience program.
(If box is checked, complete Sections 4.A) and 4.B) below.) |
| <input type="checkbox"/> | It has been <u>less than</u> 12 months since I completed my homeopathy education and/or clinical experience program.
(If box is checked, proceed to Section 5.) |

Practice period must be within the three (3) year period immediately prior to application.

Start Date of 3-Year Period:	Year	Month	End Date of 3-Year Period:	Year	Month



A. Clinical Experience Hours in the 3-Year Period Immediately Prior to Completing this Form

Calendar Year	Intake Hours <i>(2 hours accepted per visit)</i>	Follow-up Hours <i>(1 hour accepted per visit)</i>	Total Hours
Total Number of Clinical Experience Hours:			

B. Non-Clinical Experience Hours in the 3-Year Period Immediately Prior to Completing this Form *(Attach additional sheets, if needed.)*

Calendar Year	Type of Experience <i>(According to policy REG CS 04)</i>	Total Hours
Total Number of Non-Clinical Experience Hours:		

SECTION 5: PREVIOUS PRACTICE

Yes	No	Have you previously practiced homeopathy? <i>(If you answer "yes," complete <u>all</u> questions below. If you answer "no," then proceed to Section 6.)</i>

A. Country in which you first practiced homeopathy:

B. Year in which you first practiced homeopathy:

C. Year in which you first practiced homeopathy in Canada:

D. If the country in which you first practiced homeopathy was Canada or the USA, indicate the province, territory or state:

Alberta	British Columbia	Manitoba	New Brunswick	Newfoundland
Nova Scotia	Northwest Territories	Nunavut	Ontario	Prince Edward Island
Quebec	Saskatchewan	Yukon	USA, state:	

E. If the country in which you first practiced homeopathy was not Canada, indicate the first Canadian location of practice:

Alberta	British Columbia	Manitoba	New Brunswick	Newfoundland
Nova Scotia	Northwest Territories	Nunavut	Ontario	Prince Edward Island
Quebec	Saskatchewan	Yukon	Not applicable	



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F. Country in which you most recently practiced homeopathy:									
G. If the country in which you most recently practiced homeopathy was Canada or the USA, indicate the province, territory or state:									
	Alberta		British Columbia		Manitoba		New Brunswick		Newfoundland
	Nova Scotia		Northwest Territories		Nunavut		Ontario		Prince Edward Island
	Quebec		Saskatchewan		Yukon		USA, state:		
H. Year in which you most recently practiced homeopathy:									
SECTION 6: LANGUAGE FLUENCY									
Check one	A. Demonstration of Fluency in English or French								
	I declare either English or French as my first language and I am able to speak, read and write it with reasonable fluency so as to provide homeopathic services in that language.								
	I have completed a post-secondary program in homeopathy that was taught in English or French.								
	I have successfully completed a Canadian Language Benchmark assessment.								
SECTION 7: AUTHORIZATION SIGNATURE									
I declare that the information contained in this pre-assessment form is accurate and true to the best of my knowledge.									
Signature of Applicant						Date of Signature			

Your submission will be considered complete when all documents have been received. Completed forms are reviewed as expediently as possible, in the order received. Following review the College will inform you of your eligibility to register and direct you on the next steps in the application process. The College advises that you **DO NOT complete any additional registration requirements until you receive notification of your eligibility.**

Completing this pre-assessment form and submitting your documents for review does not imply, in any manner, that you are registered with the CHO. Without an approved CHO Certificate of Registration you may not use the title and designation "Homeopath" and "Hom," or hold yourself out as a Homeopath in Ontario.

Please keep a photocopy of this form for your records.